

No. <b>W 18533</b>		<b>Due no later than Mar 31, 2006</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> CARPAL TUNNEL CLINIC & PHYSICAL THERAPY CONSULTING, PLLC DAVID B LITTLE 732 GREENWOOD DR TWIN FALLS ID 83301		DAVID B LITTLE 732 GREENWOOD DR TWIN FALLS ID 83301	
				3. <u>New</u> Registered Agent Signature: *	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	DAVID B LITTLE	732 GREENWOOD DR	TWIN FALLS	ID	83301
5. Organized Under the Laws of:  <b>IDAHO W 18533</b>		6. Annual Report must be signed.* Signature: David Little Name (type or print): David Little Date: 04/13/2006 Title: MEMBER			
Processed 04/13/2006		* Electronically provided signatures are accepted as original signatures.			